

**CHANGES TO
H.R. 676, “THE UNITED STATES NATIONAL HEALTH CARE ACT” Or
“EXPANDED AND IMPROVED MEDICARE FOR ALL”
INTRODUCED BY REP. JOHN CONYERS, JR.**

On January 26, 2009, Chairman John Conyers reintroduced H.R. 676 in the 111th Congress. This new bill incorporates a number of changes that improve and clarify the operation of the United States National Health Care (USNHC) Program. These changes include:

- Renaming the bill the “United States National Health Care Act” and the Program the “United States National Health Care Program.”
- Requiring the Secretary of HHS to promulgate a rule addressing the issue of medical tourism (Section 101(e)).
- Requiring the Secretary of HHS to promulgate a rule outlining residency criteria for eligibility purposes (Section 101(d)).
- Improving the benefits afforded to health insurance company workers who are laid off as a result of the enactment of the bill. Instead of simply providing unemployment benefits from the states, the bill creates a new trust fund that will give the unemployed salary parity for two years, capped at \$100,000 (Section 303(e),(f),(g)).
- Adding podiatric and palliative care to the list of benefits covered under the Program (Section 102(a)(8) and Section 102(a)(15)).
- Clarifying the operation of the for-profit to non-profit provider transition process. The bill now states that the transition from a for-profit to a not-for-profit system would occur as quickly as possible, but that payment would occur over a longer period of time (Section 103(a)(6)). The bill also now empowers the Secretary of HHS to establish a mechanism to facilitate the conversion process (Section 103(a)(7)). Additionally, the bill now explicitly clarifies that all care will be delivered by privately-owned providers of care (Section 103(a)(3)). These revisions are intended to limit provider financial conflicts of interest and also make it clear that the Program does not nationalize the health care infrastructure.
- Clarifying Congress’ intent that the Program’s operating budget will be structured to ensure that all facilities are adequately and optimally staffed (Section 201(a)(i)(A)).
- Clarifying Congress’ intent that physicians, nurses and other providers are reimbursed at an optimal rate which reflects their expertise and the value of their services (Section 202(b)(2)(B)(ii)).

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- Clarifying Congress' intent that provider fee schedules be uniform across regions (Section 202(b)(2)(B)(i)).
- Adding pharmacists to the list of providers who can receive fee for service reimbursements (Section 202(b)(1)).
- Clarifying that the regional allocations under the Program should include funds to promote health professional education (Section 201(a)(2)).

For more information about these changes, please contact Joel Segal (joel.segal@mail.house.gov) or Michael Darner (michael.darner@mail.house.gov) with Rep. Conyers at (202) 225-5126.